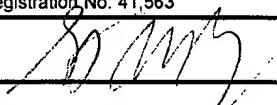


<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/941,934
		Filing Date	August 30, 2001
		First Named Inventor	Joe Cargnelli
		Art Unit	3743
		Examiner Name	N/A
Total Number of Pages in This Submission	2	Attorney Docket Number	9351-72

<b>ENCLOSURES (check all that apply)</b>				
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>	<b>RECEIVED</b> <b>NOV 17 2003</b> <b>TECHNOLOGY CENTER 3700</b>	
				<input type="checkbox"/> Drawing(s)
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				<input type="checkbox"/> Petition to Convert to a Provisional Application
				<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address
				<input type="checkbox"/> Terminal Disclaimer
				<input type="checkbox"/> Request for Refund
				<input type="checkbox"/> CD, Number of CD(s)
				<b>Remarks</b>

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>	
Firm or Individual name	BERESKIN & PARR Stephen M. Beney Registration No. 41,563
Signature	
Date	November 14, 2003

<b>CERTIFICATE OF MAILING</b>	
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